

03/16/2017 THU 12:53 FAX 8655942168 Dept of Health

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/01/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B WING		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS A Life Safety Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 2/28/17. During this Life Safety Survey, Cambridge House was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) Standard 101 - 2012 edition. The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 232 SS=F	NFPA 101 Aisle, Corridor, or Ramp Width Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure wheeled non-medical equipment is stored in the corridors per the requirements of: NFPA 101, 2012 Edition 19.2.3.4(4)(c) The deficiency affected 5 of 8 smoke compartments. The findings include: Observation and interview with the maintenance	K 232	K232 Aisle, Corridor of ramp width 1. Linen carts are being stored in their proper designated areas away from the corridors when not in use. 2. An in-service was completed with all nursing staff on where and when the linen cars are to be stored when not in use. 3. Maintenance Director will monitor and ensure linen carts continue to be stored properly when not in use. 4. Completion date March 23, 2017	3-23-17	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445180	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) -- COMPLETION DATE	
K 232	Continued From page 1 director, on 2/28/17 between 8:58 AM and 2:00 PM revealed non-medical equipment is being stored in the corridors. Clean linen carts are being stored by resident rooms 106, 210, 304, 310, 406, 409, 507, west wing nurses station and east wing nurses station. The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/28/17.	K-232			
K 711 SS&D	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2, 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by: Based on staff interview and observation, the facility failed to ensure staff was trained so they are familiar with procedures in a kitchen fire per the requirements of: 2012 NFPA 101 Section 19.7.2.2(4) The deficiency affected 1 of 8 smoke compartments.	K 711	K711 Evacuation and Relocation Plan 1. All dietary staff was in-serviced on how to properly activate the suppression system 2. This in-service will be included in the regular fire safety training and upon new hire dietary staff orientation. 3. Completion date March 16, 2017	3-16-17	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445180	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2017
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
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K 711	Continued From page 2 The findings include: Interview with 2 dietary staff, on 2/28/17 at 10:37 AM revealed the staff are not trained to properly activate the suppression system if there is a fire under the kitchen hood. Staff stated they would turn off the exhaust fan under the hood then use the K-Class fire extinguisher to put out the fire. The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/28/17.	K 711			
K 920 SS-E	NFPA 101 Electrical Equipment - Power Cords and Extension Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.	K 920	K920 Electrical Equipment - power cords 1. All medical equipment plugged into a power strip that is not UL 1363A have been removed from current power strip and plugged into wall outlets only. 2. Maintenance Director has added a power strip log to monthly outlet check to ensure medical equipment is not plugged into an improper power strip. 3. UL 1363A power strips will be purchased to ensure all medical equipment is plugged into an approved power source.	3-28-17	

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OMB NO. 0930-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 02/28/2017
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NAME OF PROVIDER OR SUPPLIER

CAMBRIDGE HOUSE, THE

STREET ADDRESS, CITY, STATE, ZIP CODE

260 BELLEBROOK RD
BRISTOL, TN 37620

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K 920	<p>Continued From page 3</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PCREE) and non-PCREE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PCREE per the requirements of:</p> <p>NFPA 99 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3(D)</p> <p>This deficiency affected 3 of 8 smoke compartments.</p> <p>The findings include:</p> <p>Observation and interview with the maintenance director, on 2/28/17 between 12:21 PM and 2:00 PM revealed the following areas did not have a UL Listed power strip for PCREE and non-PCREE items. Resident rooms 208, 502, 503, 506, 509 and therapy services have power strips being used that are not UL 1363 for non-medical equipment or UL 1363A for medical equipment.</p> <p>The maintenance director was present when the deficiencies were identified and acknowledged by the administrator during the exit conference on 2/28/17</p>	K 920	<p>K920 Electrical Equipment – power cords</p> <ol style="list-style-type: none"> 1. All medical equipment plugged into a power strip that is not UL 1363A have been removed from current power strip and plugged into wall outlets only. 2. Maintenance Director has added a power strip log to monthly outlet check to ensure medical equipment is not plugged into an improper power strip. 3. UL 1363A power strips will be purchased to ensure all medical equipment is plugged into an approved power source. 	3-24-17